

## Public Protection Cabinet Department of Housing, Buildings and Construction Division of Building Code Enforcement 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5405

## BUILDING OFFICIAL COMPLAINT FORM

Note: Please complete this form by typing or printing in dark ink.

## **RETURN COMPLETED FORM TO:**

Mr. Jim Bozeman, Field Operations Manager Department of Housing, Buildings and Construction <u>Division of Building Code Enforcement</u> 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5405

Today's Date:	<u> </u>						
I,	, have rea	have read and fully understand the information in the <b>Notice t</b> a written complaint against the <b>Building Official</b> that was involve					
<b>Building Owner</b> section above and in the construction inspection(s) of t	d am filing a written he facility/project.	complaint against the Buildin	ng Offici	i <b>al</b> that w	as involved		
COMPLAINANT NAME:							
MAILING ADDRESS:	STREET	CITY		STATE	ZIP CODE		
PHONE NUMBERS: HOME (			)	_			
LOCATION OF FACILITY/PROJEC	<u>T</u>						
STREET:							
CITY:		WITHIN CITY LIMITS: [	YES [	] NO □	UNSURE		
COUNTY:		DATE PERMIT ISS	SUED: _				
DATE CONSTRUCTION STARTED	DATE CONSTRUCTION FINISHED:						
INSPECTOR NAME:		CERTIFIED LEVEL I, II, II	II 🗌 YES	S □ NO			
WORKS FOR CITY OR COUNTY O	OVERNMENT OF						
MAILING ADDRESS:		CITY			7/2 0025		
PHONE NUMBERS: HOME (			١		ZIP CODE		

CONTINUED ON REVERSE SIDE



## **CONTRACTOR INFORMATION**

NAME C	OF INDIVIDUA	L AND COMP	ANY:					
MAILING	G ADDRESS: _							
			STREET		CITY		STATE	ZIP CODE
PHONE	NUMBERS:	HOME (	)	-	WORK <u>(</u>	)	-	<u>.</u>
NOTE:	photographs	to describe	the proble	ems with yo	ture of your comp our facility/project a I pages if necessary	and copies o	of contrac	ts or other
I hav	ve attached	_ additional she	ets for my co	omplaint.	I have attached	d photog	raphs for m	ny complaint.

